FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 1998 DOCUMENT # S57538 W & B PEPPER, INC.

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

(8)

FILED

Apr 20 1998 8:00am

Secretary of State

Principal Place of Punispec		Mailing Address			f badiland the beile impak arion salan sake alank asam andir andir arake arake arak	
Principal Place of Business		•	Mailing Address			
312 BOUTH CENTRAL AVENUE APOPKA FL 32703		312 SOUTH CENTRAL AVENUE APOPKA FL 32703		DO NOT WRITE IN T	THIS SPACE	
					3. Date Incorporated or Qualified	
					06/01/1991	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3073964	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	,		Trust Fund Contribution	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid th	
24	25	29	30		Personal Property Tax due June 30.	Yes ∐ No
	g, Name and Address of Curre	nt Registered Agent		<u>al 6) </u>	10. Name and Address of New Registe	ered Agent
PE	P PE R, WILLIAM T.		*	1 Name		
312 SOUTH CENTRAL AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)		
APO	OPKA FL 32703		L			
			10	3		
			l _e	4 City		85 Zip Code
					orporation submits this statement for the purpor	FL T
agent. La SIGNATURE	am familiar with, and accept the oblig	gations of, Section 607.05 0 5, F	lorida Statut	es.	ration's board of directors. I hereby accept the guired when reinstaing) ADDITIONS/CHANGES TO OFFICERS	ATE
TITLE	PD	DELETE	1.1 ((1)	- 1	ADDITIONAL TRANSPORT	Change Addition
NAME	PEPPER, WILLIAM T.	—	1.2 NAM	i		
STREET ADDRESS	312 S. CENTRAL AVE.			ET ADDRESS		
CITY-ST-ZIP	AOPKA FL			- ST - ZIP		
TITLE	\$TD	☐ DELETE	2.1 THE			☐ Change ☐ Addition
NAME	PEPPER, BEVERLY		2.2 NAV	E		
STREET ADDRESS	\$12 S. CENTRAL AVE.		2.3 STR	ET ADORESS	•	
CITY-ST-ZIP	AOPKA FL		2. 4 CIT	r-ST-ZIP		
TITLE	7,101,101	☐ DELETE	3.1 TITL			Change Addition
NAME			3 2 NAN	Æ .		
STREET ADDRESS			3 3 STR	EET ADDRESS		
CITY-ST-ZIP				(-ST-ZIP		
TITLE		DELETE	4.1 TITL			☐ Change ☐ Addition
NAME			4 2 NA	AE :		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP			4.4 City	-ST-ZIP		
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5.2 NAM	IE .		
STREET ADDRESS	}			EET ADDRESS		
CITY-ST-ZIP				'-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL			Change Addition
NAME			6.2 NAM			
				EET ADDRESS		
STREET ADDRESS				-ST-ZIP		
CITY-ST-ZIP	i		■ 0.4 UH1	-ai-zir		

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.